


11/08/00



JC955 U.S. PTO

11/09/00

A

Please type a plus sign (+) inside this box  Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. UF-246XC1	
		First Inventor Samsun Lampotang	
		Title Marker Detection Method	
		Express Mail Label No. EJ901662380US	
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small></p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 19] <small>(preferred arrangement set forth below)</small> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 3]</p> <p>5. Oath or Declaration [Total Pages] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <small>(for continuation/divisional with Box 17 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies</p>	
		ACCOMPANYING APPLICATION PARTS	
		<p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small></p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></p> <p>16. <input checked="" type="checkbox"/> Other: <u>claim of priority to</u> <u>U. S. Serial No. 60/164,250</u></p>	
<p>17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____</p> <p>Prior application information: Examiner: _____ Group / Art Unit: _____</p> <p>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>			
18. CORRESPONDENCE ADDRESS			
<p><input type="checkbox"/> Customer Number or Bar Code Label or <input checked="" type="checkbox"/> Correspondence address below</p> <p style="text-align: center;"><small>(Insert Customer No. or Attach bar code label here)</small></p>			
Name		Christine Q. McLeod	
		Saliwanchik, Lloyd & Saliwanchik	
Address		2421 N. W. 41st Street, Ste. A-1	
City	Gainesville	State	FL
Zip Code	32606		
Country	US	Telephone	407-426-7500
		Fax	407-839-8589
Name (Print/Type)		Registration No. (Attorney/Agent)	36,213
Signature		Date 11/8/00	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

FEE TRANSMITTAL FORM

Assistant Commissioner for Patents
 Box Patent Application
 Washington, D.C. 20231

Sir:

Transmitted herewith for filing is the patent application of:

Inventor(s): Samsun Lampotang *et al.*

Entitled: **Marker Detection Method and Apparatus to Monitor Drug Compliance**

- ✓ A Utility Patent Application Transmittal Form accompanies this Fee Transmittal Form.
- ✓ The filing fee is calculated below:

CLAIMS AS FILED					
	Number filed		Number Extra	Rate	Fee
Basic Fee					\$ 355.00
Total Claims	38	– 20 =	18	x \$9	\$ 162.00
Independent Claims	7	– 3 =	4	x \$40	\$ 160.00
Presentation of Multiple Dependent Claim(s) (\$135)					
Total Filing Fee					\$ 677.00

- ✓ Please charge \$677.00 to Deposit Account No. 19-0065. A duplicate copy of this sheet is enclosed.
- ✓ The Commissioner is hereby authorized to charge any additional filing fees which may be required, or credit any overpayment, to Deposit Account No. 19-0065. A duplicate copy of this sheet is enclosed.
- ✓ This application is being mailed by Express Mail under 37 CFR 1.10 and the required certificate appears below.

Date

11/8/00

Attorney of Record



CERTIFICATE OF MAILING BY EXPRESS MAIL (37 CFR 1.10)

Express Mail No.: EJ901662380US Date of Deposit: November 8, 2000

I hereby certify that this paper is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner of Patents and Trademarks, Washington, D.C. 20231.

Alicia J. Hoffman
 Name of person mailing paper

Signature

